

ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2011
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|--------------------------|---------------------------------|------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| A. AFFILIATE NAME | | |
| | | SHARON HOSPITAL HOLDING CO, INC. |
| 1 | Affiliate Description | Subsidiary of Essent Healthcare, Inc and EHCO |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 103 Continental Pl, Suite 200 |
| 5 | Town | Brentwood |
| 6 | State | Tennessee |
| 7 | Zip Code | 37027 - |
| 8 | CEO Name | Michael W. Browder |
| 9 | CEO Title | President/CEO |
| 10 | CT Agent Name | Jason Proctor |
| 11 | CT Agent Company | Sharon Hospital |
| 12 | CT Agent Company Street Address | 50 Hospital Hill Rd |
| 13 | CT Agent Town | Sharon |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06069 - |
| B. AFFILIATE NAME | | |
| | | ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL |
| 1 | Affiliate Description | Acute care hospital |
| 2 | Affiliate type of service | Hospital |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 50 Hospital Hill Road |
| 5 | Town | Sharon |
| 6 | State | Connecticut |
| 7 | Zip Code | 06069 - |
| 8 | CEO Name | Kimberly Lumia |
| 9 | CEO Title | President/CEO |
| 10 | CT Agent Name | Jason Proctor |
| 11 | CT Agent Company | Sharon Hospital |
| 12 | CT Agent Company Street Address | 50 Hospital Hill Road |
| 13 | CT Agent Town | Sharon |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06069 - |
| C. AFFILIATE NAME | | |
| | | ESSENT HEALTHCARE, INC |
| 1 | Affiliate Description | Parent company to Sharon Hospital Holding Co., Inc. |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 103 Continental Pl, Suite 200 |
| 5 | Town | Brentwood |
| 6 | State | Tennessee |
| 7 | Zip Code | 37027 - |
| 8 | CEO Name | MICHAEL W. BROWDER |
| 9 | CEO Title | PRESIDENT/CEO |
| 10 | CT Agent Name | Jason Proctor |
| 11 | CT Agent Company | Sharon Hospital |
| 12 | CT Agent Company Street Address | 50 HOSPITAL HILL ROAD |
| 13 | CT Agent Town | Sharon |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06069 - |
| D. AFFILIATE NAME | | |
| | | REGIONAL HEALTHCARE ASSOCIATES, LLC |
| 1 | Affiliate Description | TO HOUSE OUR EMPLOYED PHYSICIANS AND RELATED PROFESSIONAL FEE BILLING. |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 103 Continental Pl, Suite 200 |

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AND CORPORATION RELATED TO THE HOSPITAL

| (1) | (2) | (3) |
|------|---------------------------------|-----------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 5 | Town | Brentwood |
| 6 | State | Tennessee |
| 7 | Zip Code | 37027 - |
| 8 | CEO Name | Kimberly Lumia |
| 9 | CEO Title | President/CEO |
| 10 | CT Agent Name | Jason Proctor |
| 11 | CT Agent Company | Sharon Hospital |
| 12 | CT Agent Company Street Address | 50 Hospital Hill Road |
| 13 | CT Agent Town | Sharon |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06069 - |

* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**ESSENT-SHARON HOSPITAL
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

| (1) | (2) | (3) | (4) |
|-------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|----------------------------|
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2011 |
| A. ESSENT-SHARON HOSPITAL | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| B. SHARON HOSPITAL HOLDING CO, INC. | | | |
| 1 | | Unrestricted | \$1,000 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$1,000 |
| C. ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL | | | |
| 1 | | Unrestricted | \$21,632,914 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$21,632,914 |
| D. ESSENT HEALTHCARE, INC | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| E. REGIONAL HEALTHCARE ASSOCIATES, LLC | | | |
| 1 | | Unrestricted | (\$5,598,989) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$5,598,989) |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | \$16,034,925 |
| | Intercompany Eliminations | | \$0 |
| | Total of all Affiliates | Fund Balance: | \$16,034,925 |

**ESSENT-SHARON HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) |
|-----------|----------------------------------------------------------|-------------------------------------------------------|---------------------|-----------------------------|
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| A. | SHARON HOSPITAL HOLDING CO, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$5,557,678 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$5,557,678 |
| B. | ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| C. | ESSENT HEALTHCARE, INC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | (\$8,029,724) |
| 1 | | 401K | 09/30/2011 | \$1,062,772 |
| 2 | | Salary | 09/30/2011 | \$915,187 |
| 3 | | Fringe Benefits | 09/30/2011 | \$2,840,836 |
| 4 | | Insurance | 09/30/2011 | \$1,819,837 |
| 5 | | Interest | 09/30/2011 | \$1,527,153 |
| 6 | | Travel | 09/30/2011 | \$14,591 |
| 7 | | Contract Services | 09/30/2011 | \$795,597 |
| 8 | | Management Fees | 09/30/2011 | \$1,407,527 |
| 9 | | Debt | 09/30/2011 | \$350,000 |
| 10 | | Tax Provision | 09/30/2011 | \$2,105,189 |
| 11 | | cash | 09/30/2011 | (\$14,442,460) |
| 12 | | Deferred Tax | 09/30/2011 | (\$605,053) |
| 13 | | Expenses Charged to Affiliates-Lab Services | 09/30/2011 | (\$8,983) |
| 14 | | Expense Transfers | 09/30/2011 | \$408 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | (\$10,247,123) |
| D. | REGIONAL HEALTHCARE ASSOCIATES, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2011 | \$0 |
| | | | Grand Total: | (\$4,689,445) |

ESSENT-SHARON HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

| (1) | (2) | (3) | (4) | (5) | (6) |
|-----------|----------------------------------------------------------|---------------------------|------------------------------------------------------|-------------------|------------|
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated Intercompany Balance | 10/01/2010 | \$0 |
| A. | SHARON HOSPITAL HOLDING CO, INC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2011 | \$0 |
| B. | ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2011 | \$0 |
| C. | ESSENT HEALTHCARE, INC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2011 | \$0 |
| D. | REGIONAL HEALTHCARE ASSOCIATES, LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2011 | \$0 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2011 | \$0 |

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

| (1) LINE | (2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | (3) AMOUNT | (4) DATE |
|-------------------------------------------------------------|-------------------------------------------------------|---------------|------------------|
| A. SHARON HOSPITAL HOLDING CO, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| B. ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| C. ESSENT HEALTHCARE, INC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| D. REGIONAL HEALTHCARE ASSOCIATES, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2011 |
| | Grand Total: | \$0 | 9/30/2011 |

ESSENT-SHARON HOSPITAL
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REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

| (1) | (2) | (3) | (4) |
|-----------|----------------------------------------------------------------------|------------|---------------|
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| | | | |
| A. | SHARON HOSPITAL HOLDING CO, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| B. | ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| C. | ESSENT HEALTHCARE, INC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| D. | REGIONAL HEALTHCARE ASSOCIATES, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | | | |
| | Grand Total: | \$0 | |

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

| (1) | (2) | (3) | (4) | (5) | (6) |
|-------------------------|-----------------------------|-------------------|-------------------|----------------------|--------------|
| LINE | DESCRIPTION | FY 2010 ACTUAL | FY 2011 ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| A. Indigent Care | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| B. Free Beds | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| C. Other | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR
INDIGENT CARE AND FREE BEDS**

| (1) | (2) | (3) | (4) | (5) | (6) |
|------|-------------|-------------------|-------------------|----------------------|--------------|
| LINE | DESCRIPTION | FY 2010 ACTUAL | FY 2011 ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| | | | | | |

| ESSENT-SHARON HOSPITAL | | |
|------------------------------------------------------------------------------------------|----------------------------------------------|---------------|
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
| A. Patient Activity | | |
| (1) | (2) | (3) |
| <u>Patient</u> | Name of Hospital Bed Fund (FULL NAME) | Amount |
| 1. Number of Applications for Hospital Bed Funds | | 0 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 0 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F | | \$0.00 |
| | | |
| Grand Total | | \$0.00 |
| | | |
| | | |

| ESSENT-SHARON HOSPITAL | | | | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------|-----------------|---------------------|--------------------|
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| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | | | | |
| B. BED FUND ACTIVITY | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Line | Name of Hospital Bed Fund | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| (3) | Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each | | | | |
| (4) | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. | | | | |
| (5) | Actual Dollar Amount of Earnings reinvested as Principal, if any. | | | | |
| (6) | Actual Dollar Amount of Earnings available for Patient Care. | | | | |
| | | | | | |
| | Total Bed Funds : | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

**ESSENT-SHARON HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| I. GENERAL COLLECTION PROCESSES AND PROCEDURES | | |
| A. | Hospital's processes and policies for assigning a debt to a Collection Agent | Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency. |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents | 18.00% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| Collection Agent | | |
| 1 | Collection Agent Name | MCCI |
| 2 | Collection Agent Type | Collection Agency |
| 3 | Related / Not Related Entity | Not Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked |

**ESSENT-SHARON HOSPITAL
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

| (1) | (2) | (3) |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 18.90% |
| | Collection Agent | |
| 1 | Collection Agent Name | Marcam |
| 2 | Collection Agent Type | Collection Agency |
| 3 | Related / Not Related Entity | Not Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 2.00% |

**ESSENT-SHARON HOSPITAL
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

| LINE | POSITION TITLE | SALARY | FRINGE BENEFITS | TOTAL |
|-------------|-------------------------------------|--------------------|------------------------|--------------------|
| 1. | Chief Executive Officer | \$207,000 | \$52,785 | \$259,785 |
| 2. | Chief Financial Officer | \$193,800 | \$49,419 | \$243,219 |
| 3. | Chief Nursing Officer | \$132,609 | \$33,815 | \$166,424 |
| 4. | Registered Nurse - | \$134,638 | \$34,333 | \$168,971 |
| 5. | Associate Administrator/Director HR | \$131,832 | \$33,617 | \$165,449 |
| 6. | Chief Quality Officer | \$123,429 | \$31,474 | \$154,903 |
| 7. | Corp Compliance/Director HIM | \$112,070 | \$28,578 | \$140,648 |
| 8. | Registered Nurse - | \$110,081 | \$28,071 | \$138,152 |
| 9. | Director | \$105,536 | \$26,912 | \$132,448 |
| 10. | Director Surgical Services | \$104,037 | \$26,529 | \$130,566 |
| | Grand Total: | \$1,355,032 | \$345,533 | \$1,700,565 |

**ESSENT-SHARON HOSPITAL
ANNUAL REPORTING
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

| (1) | (2) | (3) | (4) | (5) |
|--------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------|-------------|
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directly or Indirectly) ^C | TOTAL |
| A . SHARON HOSPITAL HOLDING CO, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| B . ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| C . ESSENT HEALTHCARE, INC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$915,187 | \$2,840,836 | \$3,756,023 |
| D . REGIONAL HEALTHCARE ASSOCIATES, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**ESSENT-SHARON HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

| (1) | (2) | (3) |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| LINE | DESCRIPTION | ACTUAL FY 2011 |
| A | Transfer of Assets or Operations | |
| 1. | Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 2. | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 3. | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control. | N/A |
| 4. | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred. | N/A |
| 5. | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | \$0 |

| ESSENT-SHARON HOSPITAL | | | | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------|------------------|------------------|------------|
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| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | FY 2010 | FY 2011 | AMOUNT | % |
| LINE | DESCRIPTION | AMOUNT | AMOUNT | DIFFERENCE | DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 103 | 71 | (32) | -31% |
| 2. | Number of Approved Applicants | 100 | 71 | (29) | -29% |
| 3. | Total Charges (A) | \$767,288 | \$942,411 | \$175,123 | 23% |
| | Average Charges | \$7,673 | \$13,273 | \$5,601 | 73% |
| 4. | Ratio of Cost to Charges (RCC) | 0.432045 | 0.39557 | (0.036475) | -8% |
| | Total Cost | \$331,503 | \$372,790 | \$41,287 | 12% |
| | Average Cost | \$3,315 | \$5,251 | \$1,936 | 58% |
| 5. | Charity Care - Inpatient Charges | \$438,193 | \$378,321 | (\$59,872) | -14% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 133,972 | 142,528 | 8,556 | 6% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 195,123 | 421,562 | 226,439 | 116% |
| | Total Charges (A) | \$767,288 | \$942,411 | \$175,123 | 23% |
| 8. | Charity Care - Number of Patient Days | 152 | 144 | (8) | -5% |
| 9. | Charity Care - Number of Discharges | 45 | 35 | (10) | -22% |
| 10. | Charity Care - Number of Outpatient ED Visits | 224 | 125 | (99) | -44% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 281 | 259 | (22) | -8% |
| (A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. | | | | | |
| B. Hospital Bed Funds (see Hospital Reporting System - Report 17) | | | | | |
| 1. | Number of Applicants | - | - | - | 0% |
| 2. | Number of Approved Applicants | - | - | - | 0% |
| 3. | Total Charges (B) | \$0 | \$0 | \$0 | 0% |
| | Average Charges | \$0 | \$0 | \$0 | 0% |
| 4. | Ratio of Cost to Charges (RCC) | 0 | 0 | 0.000000 | 0% |
| | Total Cost | \$0 | \$0 | \$0 | 0% |
| | Average Cost | \$0 | \$0 | \$0 | 0% |
| 5. | Bed Funds - Inpatient Charges | \$0 | \$0 | \$0 | 0% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 0 | 0 | 0 | 0% |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) | 0 | 0 | 0 | 0% |
| | Total Charges (B) | \$0 | \$0 | \$0 | 0% |
| 8. | Bed Funds - Number of Patient Days | 0 | 0 | 0 | 0% |
| 9. | Bed Funds - Number of Discharges | 0 | 0 | 0 | 0% |
| 10. | Bed Funds - Number of Outpatient ED Visits | 0 | 0 | 0 | 0% |
| 11. | Bed Funds - Number of Outpatient Visits (Excludes ED Visits) | 0 | 0 | 0 | 0% |
| (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17. | | | | | |